DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828

Political Committee Registration

RECEIVED

OCT **21** 2009

				4-4-2		Publ	IC DIBOR	eure
Committee Name (Show entire official name.)				Acronym	١٠.	•		on
Family PAC				7.6.611711				
				Telepho	ne: (425) 608-0242		
Mailing Address								
16108 Ash Way Suite 111A				Fax	(425) 608-7216	3	
City	County		Zip + 4			<i>.</i>		
Lynnwood	Lyr	nnwood	9	8036	6			
NEW OR AMENDED RECICEDATIONS		COMMITTEE CT	ATUC	E-mail:	tan	nilypac@fpiw	.org	
NEW OR AMENDED REGISTRATION? NEW. Complete entire form.		COMMITTEE STA		stablished in anticipation of a	ny particula	ar campaign electi	on)	
☐ AMENDS previous report. Complete entire	form.	. Date of general or special		· -	317.7			
		(Year)						
What is the purpose or description of the common terms of the								
Bona Fide Political Party Committee - office of the names of the candidates you support.	ial state or county	central committee o	or legislative di	strict committee. If you are r	not supporti	ing the entire party	ticket, at	tach a list
☐ Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure:						Ballot Number	FOR	AGAINST
Other Political Committee - PAC, caucus c name: FPIW Action	ommittee, political	club, etc. If commi	ittee is related o	or affiliated with a business,	association	, union or similar e	ntity, spe	cify
For single election-year only committees (not (a) one or more candidates? Yes No				ting or opposing ffice sought and political part	y affiliation			
(b) the entire ticket of a political party?	es 🗌 No	If yes, identify the p	party:					
2. Related or affiliated committees. List name, a	ddress and relatio	nship.					***************************************	
						Continu		
How much do you plan to spend during this er below. (If your committee status is continuing.				neral elections? Based on t	nat estimat	e, cnoose one or t	te reporti	ng options
If no box is checked you are obligated to	use Full Report	ing. See instructio	n manuals for	information about reports	required a	and changing rep	orting of	otions.
MINI REPORTING				FULL REPORTING				
Mini Reporting is selected. No more t			<u>id</u> no more	Full Reporting is selec			ampaign r	reports
than \$500 in the aggregate will be acc				mandated by law will b				
Campaign Manager's or Media Contact's Name and Address Joseph Backholm					1	ephone Number: 25) 608-024.	2	
booph Basknown					, ,	20) 000 02 1	_	
5. Treasurer's Name and Address. Does treasur		inisterial functions?	Yes No			time Telephone N	lumber:	
next page for details. List deputy treasurers o	n attached sheet.			Continued on attached sl	1	25) 608-024	10	
Joseph Backholm					(4)	25) 606-022	12	
6. Persons who perform only ministerial functions	on behalf of this	committee and on b	pehalf of candid	lates or other political comm	ttees. List r			
persons. See WAC 390-05-243 and next page	e for details.					☐ Cont	nued on at	tached sheet.
7. Committee Officers and other persons who au	thorize expenditur	es or make decisior	ns for committe	e. List name, title, and addr				
Larry Sundquist	Virginia	Chapman				☐ Continued on att Jim Robii		et.
Roger Lageschulte	Shantae					Matt She		
Bob Baker	Glenn D					Joe Fuite		
8. Campaign Bank or Depository	Ç.CIRI D		Branch		Гс	ity		
Bank of America	Bank of America			64 th St.				
 Campaign books must be open to the public b holidays. In the space below, provide contact post office box or an out-of-area address. 						Saturdays, Sunday	s, and le	
Street Address, Room Number	City where cam	paign books will b	e available foi	inspection				
16108 Ash Way Suite 111A								
In order to make an appointment, contact the o	ampaign at (telep	hone, fax, e-mail):	(425) 608-	0242				
10. Eligibility to Give to State Office Candidates: During the 180 days prior to making a contribution to a state office candidate, your committee must have received contributions of and correct					e and Certification. I certify that this statement is true, complete the best of my knowledge.			
\$10 or more from at least ten persons registe		•	vicion	Committee Treasurer's	Signature		Dat	œ.
A check here indicates your awareness of Absence of a check mark means your co-	mmittee does not	qualify to give to sta		Loyh Boch		/	0/21/	109